emailed validation letter 2/25/11

Application for License to Operate a Long-term Care Facility

For Office Use Only
Received 2.9.11
Amount $1650.

Ck # 010632

RECEIVED
FEB 09 2011
OFFICE OF INSPECTOR GENERAL

I. IDENTIFICATION

Name Cal Turner Extended Care Pavilion

Address 456 Burnley Road

City/County/Zip Scottsville/Allen/42164

Telephone number 270-622-2800

Administrator Eric A. Hagan

Date facility operation began at current address April 09, 1996

Date facility began operation under current owner January 01, 1995

II. TYPE BEDS

	No. beds licensed	No. beds requested
Skilled		
Nursing Home		
Nursing Facility	110	
Intermediate Care		
ICF/MR		
Personal Care		

II. CONTROL (check one in each column)

State	Profit	Individual
County	Nonprofit- X	Partnership
City		Corporation- X
Private- X		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Bowling Green Warren County Community Hospital Corp. d/b/a Cal Turner Extended Care Pavilion

250 Park Street, Bowling Green, KY 42102

2/28

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Commonwealth Health Corporation

Address of corporation 800 Park Street Bowling Green, KY 42102

President or Chairman Connie Smith

Vice President

Secretary

Treasurer

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
Commonwealth Health Corporation	
800 Park Street	
Bowling Green, KY 42102	

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Signature of authorized representative	Title	Date
	Administrator	02/07/11

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5
(10/2002)

The Medical Center

Select Site

The Medical Center Board of Directors

Mark Bigler, MD

Cathy Bishop

Donna Blackburn

Paul Cook, Vice Chairman

John Desmarais

Bob Hovious, Chairman

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Joe Natcher, Secretary

Kal Sahetya, MD

Hugh Sims, MD

Connie Smith

Curtis Sullivan

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